

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/069561		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		2		1			55			
6		2		1			56			
7		1					57			
8		1					58			
9		1		1			59			
10		1		1			60			
11		1		1			61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		6		1			66			
17		6		1			67			
18		6		1			68			
19		6		1			69			
20	1						70			
21		1					71			
22		1					72			
23	1						73			
24		1					74			
25		1					75			
26		6		1			76			
27		1					77			
28		1					78			
29		1		1			79			
30		6		1			80			
31		6		1			81			
32		6		1			82			
33		6		1			83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	1		3				TOTAL IND.			
TOTAL DEP.		20		10			TOTAL DEP.			
TOTAL CLAIMS	1	20	3	10			TOTAL CLAIMS			

BEST AVAILABLE COPY